

CPC Survey Summary

The Ombudsman Office became aware of civil commitment and placement issues varying by county while handling several complaints from or about county jail inmates with mental health issues. We decided to survey the county Central Point of Coordination administrators (CPC). Our first emails went out to County CPC's in November 2008. We continued to follow up with CPC's who had not responded and we received the most recent responses on October 7, 2009. We received responses from 94 of the 99 counties.

Ombudsman William Angrick approved sharing this summary with the Workgroup.

The questions asked were:

1. Please describe the involuntary mental health commitment process in your county or counties.
2. Who is responsible for placement of an individual once a judge or magistrate orders a 48
3. Who is responsible for placement once an individual is found seriously mentally impaired and in need of treatment?
4. Who do you believe *should* be responsible for placement in each of the above situations?
5. What placement problems or issues has your county had?
5. How willing are your local judges or magistrates to commit individuals?
6. What has been your experience in obtaining commitment orders for a county jail inmate?
7. How often is it necessary to attempt to commit a county jail inmate and is the commitment attempt generally successful?
8. Are there any other mental health issues you think our office should be aware of?

Sixty seven counties responded to the survey. Some CPC's answered for multiple counties but responses are listed individually by county.

Who is responsible for placement?

- During Emergency or 48 hour hold?

Hospital staff – 25 counties

Magistrate – 14 counties

District Court Clerk – 17 counties

Community Mental Health Center - 5

CPC – 7 counties

CPC with Hospital Staff – 4 counties

Family – 1 county

County Attorney – 4 counties

Sheriff – 4 counties

CPC Business hours /sheriff after hours – 2 counties

Clerk Business hours/sheriff after hours - 3 counties

Clerk Business hours/Judge after hours – 1 county

CPC Business hours/ hospital after hours - 2 counties

Sheriff and hospital staff – 1 County

Varies depending on where person presents – 5 counties

County contracts with hospital to find bed – 1 county

No 48 hour holds – 1 county

- Post-hearing

Hospital staff – 31 counties

Hospital and Clerk – 1 county

Magistrate – 5 counties

Clerk or Magistrate – 1 county

District Court Clerk – 6 counties

CPC – 18 counties

CPC and Community Mental Health Center – 2 counties

CPC and Judge or Magistrate – 4 counties

County Attorney – 2 counties

County Attorney and Hospital staff – 1 county

Sheriff – 1 county

Team effort – usually County Social Worker with CPC and Hospital staff - 14 counties

Clerk business hours/Sheriff after hours – 2 counties

Varies depending on where person presents – 2 counties

County contracts for hospital to find bed – 1 county

Auditor – 2 counties

Community Mental Health Center – 3 counties

Placement Responsibility Preference

Hospital staff – 22 counties

Community Mental Health Center or Hospital – 3 counties

Magistrate – 10 counties

District Court Clerk – 6 counties

CPC and Clerk – 3 counties

CPC – 10 counties

Judge and CPC – 3 counties

CPC and Hospital staff – 4 counties

CPC and Community Mental Health Center – 2 counties

County Attorney – 1 county

Clerk business hours/hospital after hours – 2 counties

Team effort – 8 counties

County attorney 48 hour hold/hospital staff post hearing – 3 counties

Clerk 48 hour hold/hospital staff post hearing – one county

Hospital 48 hour hold/CPC post hearing – 1 county

Varies depending on where person presents – 6 counties

Not the CPC – 1 county

Have State of Iowa take over commitments – 1 county

Legislature decide – 1 county

No response -1 county

Placement issues (many counties expressed multiple issues)

Not enough beds – 66 counties

Available beds too far away from family – 13 counties

Lack of shared response and/or information during commitment process – 19 counties

Lack of consistent procedure – 4 counties

Time and effort needed to find placement – 13 counties

Not enough psychiatrists – 5 counties

Facilities won't accept jail inmates or other difficult patients – 10 counties

Dual Diagnosis or substance abuse placement issues – 7 counties

MHI waiting lists/lack of availability – 13 counties

Commitment/placement of juveniles – 7 counties

Cherokee MHI requiring commitment even if guardian willing to place – 1 county

Sheriff unwilling to transport patients out of county – 1 county

Family required to find placement – 1 county

Use of inpatient care because outpatient care lacking – 1 county

Emergency holds done despite patients willing to go voluntarily – 1 county

No issues – 7 counties

Magistrate willingness to commit

Too willing – 16 counties

Not willing – 1 county

Commits upon appropriate criteria – 46 counties

Varies – 4 counties

Commitment of jail inmates

No problem – 51 counties

Magistrate will not commit – 2 counties

Sheriff or Jail Administrator will not request – 1 county

Difficult to place - 5 counties

Varies by situation – 3 counties

Jail wants offender out of jail but won't help with placement – 5 counties

Rarely needed due to mental health services provided in jail – 5 counties

CPC had no experience or was not involved in commitment of jail inmate – 27 counties

Other issues: (Some counties listed multiple issues)

Iowa Code unclear about who is to do what in process – 7 counties

Lack of beds – 5 counties

Role of Mental Health Advocate - 16 counties

Increased Commitments – 2 counties

Commitment of children – 17 counties

Substance abuse/dual diagnosis issues – 3 counties

Difficult to access State Institutions – 7 counties

Difficult to place certain patients – 5 counties

Lack of information on commitment papers or CPC doesn't get the paperwork – 4 counties

Inappropriate level of commitment – 48 hour hold when should be commitment or commitment when could be outpatient – 4 counties

Too easy to commit a person – 6 counties

Individuals and courts using 229 mental health commitment rather than 125 substance abuse commitment inappropriately – 4 counties

Lack of psychiatrists – 5 counties

Funding/Issues with what County responsible for paying – 18 counties

Commitment of the elderly – 2 counties

Sheriff staff having to wait at hospital – 1 county

More mental health treatment available to jails – 1 county

Lack of cooperation between parties involved in the commitment process – 8 counties

Lack of emergency or prevention services in rural counties – 2 counties

Lack of consistency between counties – 3 counties

Commitment not re-visited, person remains at RCF – 4 counties

Magistrates sign attorney fee award orders higher than allowed by law – 1 county

Issues too numerous to cite in survey – 1 county

Need for training of those involved in the system, including judiciary and staff – 2 counties

Need screening process to reduce number of commitments – 2 counties

Hospitals require commitment of voluntary patients – 2 counties

Department of Corrections expecting county to pay mental health costs of residential correctional inmates – 1 county

Entire system needs re-arranged – 3 counties

No issues or left blank – 12 counties